

SERFF Tracking Number: ACEH-125296259 State: Arkansas
 Filing Company: ACE Property & Casualty Insurance Company State Tracking Number: AR-PC-07-026144
 Company Tracking Number: 07-GL-310
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: 07-GL-310
 Project Name/Number: Independent Form Filing - Welders Program revised form/07-GL-310

Filing at a Glance

Company: ACE Property & Casualty Insurance Company

Product Name: 07-GL-310

SERFF Tr Num: ACEH-125296259 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: AR-PC-07-026144

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 07-GL-310

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Authors: Barb Niles, CPCU, ARP,

Disposition Date: 10/02/2007

Marlene Thomas, Bob Wolfrom

Date Submitted: 09/20/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

General Information

Project Name: Independent Form Filing - Welders Program revised form Status of Filing in Domicile: Not Filed

Project Number: 07-GL-310

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/02/2007

State Status Changed: 09/20/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce a revision to a filed form used with our Welders Program. The basic reason for the new version was a need to have clearer language to meet marketplace response.

The difference in the form is outlined as follows:

1. The Pollution Exclusion exception applies if the insured receives notice of an "escaped gas incident" seeking damages for "bodily injury", "property damage", or "personal and advertising injury". The earlier "a" version of this endorsement only included damages for "bodily injury" or "property damage". It did not include "personal and advertising injury".

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2. This Pollution Exclusion exception clarifies that the insured reports the notice, claim or “suit” to the company within 60 days of the “escaped gas incident”. The earlier “a” version did not clearly reflect this intent.

3. We have clarified that any related, repeated or continuing “escaped gas incident(s)” within any 72 hour period is one “occurrence” for purposes of determining the Limits of Insurance. The earlier version stated what an “escaped gas incident” did not include.

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE Property & Casualty Insurance Company	CoCode: 20699	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-0237820	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
PS 00309386	\$50.00	09/18/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/02/2007	10/02/2007

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Disposition

Disposition Date: 10/02/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125296259 State: Arkansas

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Company Tracking Number: 07-GL-310

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Welders Supply Distributors Escaped Gas Protection Endorsement	Approved	Yes

SERFF Tracking Number: ACEH-125296259 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Welders Supply Distributors Escaped Gas Protection Endorsement	LD-15082b	(08/07)	Endorsement New nt/Amendment/Conditions		0.00	Welding Supply Escaped Gas Endt LD-15082b.pdf

WELDING SUPPLY DISTRIBUTORS ESCAPED GAS PROTECTION ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The Schedule of Gases includes all gases sold or distributed by the Insured.

Exclusion g. (aircraft, "auto" or watercraft) does not apply to "bodily injury" or "property damage" caused by an "Escaped gas incident".

Exclusion f. (pollution) is deleted in its entirety and is replaced by the following:

- f. Any injury, damage, expense, cost, loss, liability or legal obligation arising out of or in any way related to pollution, however caused.

Pollution includes the actual, alleged or potential presence in or introduction into the environment of any substance if such substance has, or is alleged to have, the effect of making the environment impure, harmful or dangerous. Environment includes any air, land, structure or the air therein, watercourse or water, including underground water.

We shall have no duty to defend any "suit" arising out of or in any way related to pollution excluded by this endorsement.

However, this exclusion does not apply with respect to the items listed in the Schedule of Gases, but only if:

1. You receive notice of an "escaped gas incident", or claim for damages, or any "suit" seeking damages for "bodily injury", "property damage", or "personal and advertising injury" arising out of or allegedly arising out of an "escaped gas incident"; and
2. You report the notice, claim or "suit" to us within 60 days of the "escaped gas incident".

"Escaped gas incident" means:

1. An unintentional and "sudden" escape during the policy period of a gaseous substance listed in the Schedule of Gases:
 - a. From a cylinder, cryogenic container or tank that is on your premises; or
 - b. From a cylinder, cryogenic container or tank that you sold or distributed which is off your premises, but only if the escape is due to the failure of the valves, hoses, equipment, cylinders, cryogenic containers or tanks that you provided to your customers; or
 - c. From a cylinder, cryogenic container or tank at a site where you are loading or unloading an "auto", installing, connecting, filling, charging or servicing cylinders, cryogenic containers or tanks if the gases escape as a result of your activities.

In the event an "escaped gas incident" is reported to us in accordance with the terms and conditions of this endorsement, then that "escaped gas incident" and any and all related, repeated or continuing "escaped gas incident(s)" within any one 72 hour period shall be deemed to be one "occurrence" for the purpose of determining the Limits of Insurance.

"Sudden" means abrupt or instantaneous.

Notwithstanding anything in the previous paragraphs, this insurance does not apply to any injury, damage, expense, cost, loss, liability or legal obligation arising out of or in any way related to contamination or pollution of the air, land, water or watercourse caused in whole or in part by:

1. Chemical waste or residue of any kind, including residue from cleaning, repairing, storing or disposing of cylinders, cryogenic containers or tanks, and including substances which are to be reused, reclaimed or recycled; or
2. Cylinders, cryogenic containers or tanks which have been removed from use, discarded or abandoned, including any which are to be reclaimed or recycled.

Authorized Agent

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	10/02/2007

Comments:

Attachments:

AR-NAIC TRANSMITTAL DOCUMENT.pdf
Form Filing Schedule.pdf

		Review Status:	
Satisfied -Name:	Filing Memo	Approved	10/02/2007

Comments:

Attachment:

Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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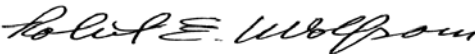
3.	Group Name	Group NAIC #
	ACE INA Companies	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE Property & Casualty Insurance Company	PA	20699	06-0237820

5.	Company Tracking Number	07-GL-310
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robert E. Wolfrom ACE INA Companies 510 Walnut Street, WBO4G Philadelphia, Pa 19105	Sr. Regulatory Specialist	215.640.5123	215.640.4986	robert.wolfrom@ace-ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Robert E. Wolfrom

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	Commercial General Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12.	Company Program Title (Marketing title)	n/a
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending
		<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	07-GL-310
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to introduce a revision to a filed form used with our Welders Program. The basic reason for the new version was a need to have clearer language to meet marketplace response.

The difference in the form is outlined as follows:

1. The Pollution Exclusion exception applies if the insured receives notice of an "escaped gas incident" seeking damages for "bodily injury", "property damage", or "personal and advertising injury". The earlier "a" version of this endorsement only included damages for "bodily injury" or "property damage". It did not include "personal and advertising injury".
2. This Pollution Exclusion exception clarifies that the insured reports the notice, claim or "suit" to the company within 60 days of the "escaped gas incident". The earlier "a" version did not clearly reflect this intent.
3. We have clarified that any related, repeated or continuing "escaped gas incident(s)" within any 72 hour period is one "occurrence" for purposes of determining the Limits of Insurance. The earlier version stated what an "escaped gas incident" did not include.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: PS 00309386 Amount: \$40.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-GL-310			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Welders Supply Distributors Escaped Gas Protection Endorsement	LD-15082 (08/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FILING MEMORANDUM Forms

FILING:

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NEW FORM:

LD-15082b (08/07)	Welding Supply Distributors Escaped Gas Protection Endorsement
	Broadens Coverage Mandatory No Premium Charge